Commonwealth of Kentucky
Cabinet for Health and Family Services
Office of Health Policy (OHP)

State Innovation Model (SIM) Model Design

April Workgroups Exercise(s) Output

April 21, 2015

April Workgroup Exercise(s) Overview

During the April workgroup meetings held across April 14-16th, SIM stakeholders participated in a series of discussions focused on answering key design questions identified in each focus area's charter. The workgroups will repeat this process until each topic area and associated set of questions are discussed and answered. The outputs from these discussions and future meetings will serve as the starting point for the Cabinet's high-level "straw person" of its Model Design – the first step toward documenting stakeholder consensus into a concise State Health System Innovation Plan (SHSIP).

Payment Reform Workgroup

Strengths and Challenges of the Current System

In the following activity, participants will assess the current state of Kentucky's existing public and private payment strategies and value-based purchasing landscape using a SWOT analysis.

S What are the advantages and strengths of existing payment strategies?

- Education
- Reprogramming EMRs
- Direct data feeds from health plans
- Global Medicare Advantage*
  - Obtaining direct data feeds from health plans
  - ER utilization is decreasing

W What do you believe are the current weaknesses?

- Lack of access to data to know if goals are being met
- Business processes have not changed despite push toward payment reform
- EMRs are time consuming
- Poor coordination between physical and behavioral health
- Limited community awareness
- Significant upfront costs are involved in the transition
- Global Medicare Advantage*
  - Hospitals do not communicate with physician groups, so patients are inappropriately admitted

O Are there opportunities that could benefit the existing strategies?

- Expand risk agreements
- Assimilate actionable data for providers
- Payer consistency in benefit design
- Focus more on the behavioral health population, and allow CMHCs to focus on primary care
- Global Medicare Advantage*
  - Expand this initiative more globally (e.g., Medicaid MCOs)

T Are there threats to the current value-based purchasing initiatives – financial and/ or competitive?

- External market forces
- Internal physician/hospital communication
- Varied levels of sophistication
- Combination of value-based purchasing and fee for service
- Consumer behavior
- Global Medicare Advantage*
  - Changes in payer participation is disruptive to long term planning

*As raised by St. Elizabeth Healthcare during workgroup discussion

Proposed Value-based Purchasing Alignment

How can we align the current value-based purchasing strategies used by the various payers/purchasers in Kentucky? In the following activity, participants will use the current strategies from existing value-based care models in Kentucky to establish goals for value-based purchasing in SIM.

Anthem's value-based enhanced personal health care program focused on primary care

Anthem's Quality-In-Sights® Hospital Incentive Program (Q-HIP®)

CHFS DMS FFS high-value prevention services reimbursement

Passport's pay-for-performance primary care program

Bundled Payments for Care Improvement (BPCI) Initiative

Comprehensive Primary Care Initiative (CPCI)

Medicare's Advanced Payment ACO Models
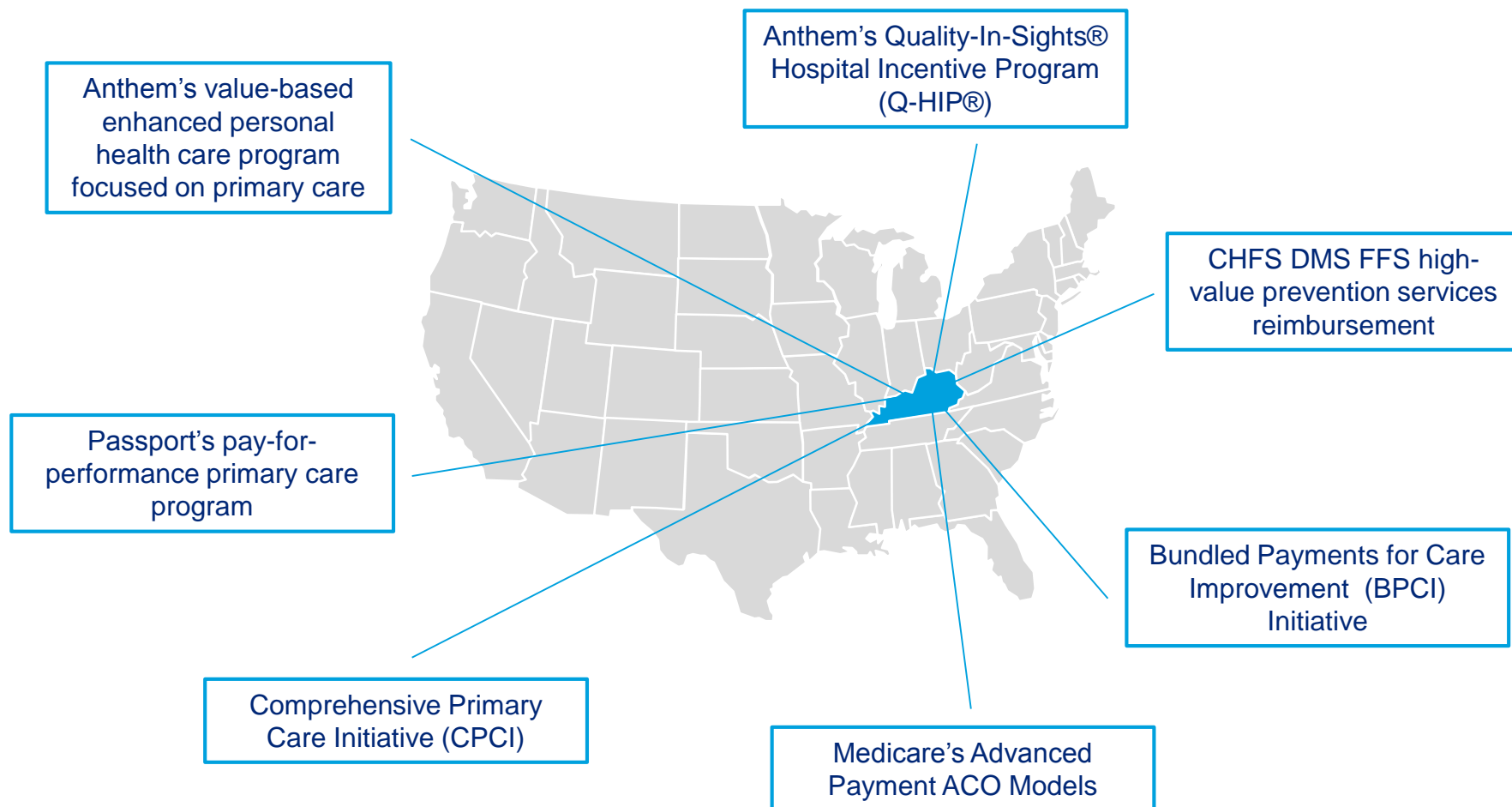
Proposed Value-based Purchasing Alignment

How can we align the current value-based purchasing strategies used by the various payers/purchasers in Kentucky? In the following activity, participants will use the current strategies from existing value-based care models in Kentucky to establish goals for value-based purchasing in SIM.

Strategies for Alignment
• Add all payers into existing value-based initiatives
• Review the outcomes of other states before making value-based purchasing decisions
• Assess hospital readiness
• Build upon current programs in hospitals
• Analyze more current data
• Demonstrate both short and long-term payer value
• Leverage community health needs assessments
• Increase provider motivation through the use of incentives
• Develop a "quick win" strategy to generate support

Payment Reforms Along the Delivery System Continuum

Each provider and/or organization that falls on the health care delivery system continuum has different stakeholders and opportunities for both quality improvement and cost reductions. The potential payment reforms/reimbursement models for each level of this continuum should consider these individual factors. In the following activity, participants will discuss these factors in individual provider-type groups.

- In your respective provider group, what are identified payment reform goals?

- In your respective provider group, what are identified payment reform challenges?
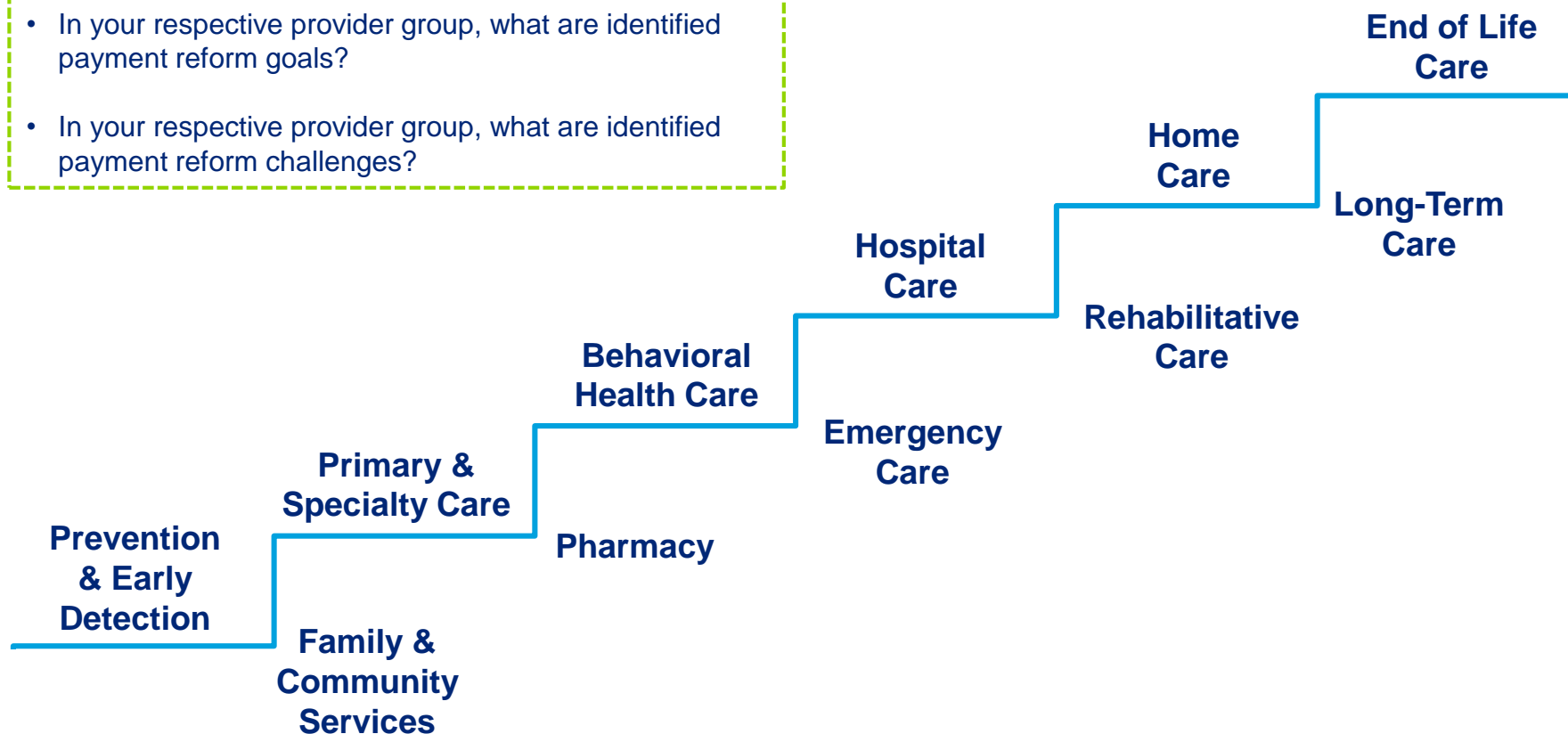
End of Life Care

Home Care

Long-Term Care

Hospital Care

Rehabilitative Care

Behavioral Health Care

Emergency Care

Primary & Specialty Care

Pharmacy

Prevention & Early Detection

Family & Community Services

Payment Reforms Along the Delivery System Continuum

Each provider and/or organization that falls on the health care delivery system continuum has different stakeholders and opportunities for both quality improvement and cost reductions. The potential payment reforms/reimbursement models for each level of this continuum should consider these individual factors. In the following activity, participants will discuss these factors in individual provider-type groups.

Factors Driving Quality Improvement and Cost Reduction Across the Care Continuum
• Lack of funding in the Intellectual and Developmental Disabilities (IDD) system
• Flexibility in medical necessity criteria and payments for non-clinical outcomes (e.g., quality of life)
• Incentivize physicians to have consumer needs discussions
• Increase Medicare and commercial insurance consistency for reimbursement of hospice care
• Increase earlier referrals from LTC to hospice
• Increase coverage for community wellness programs
• Focus on medication adherence and including pharmacists in care coordination
• Reduce the administrative burden on providers
• Develop reimbursement methods that align with a holistic, whole person approach to care

Integrated & Coordinated Care Workgroup

PCMHs: Physical/Behavioral Health Coordination

How can the coordination between physical and behavioral health be improved through the use of PCMHs?

Strategies

1. Allow payments for two visits in the same day

2. Encourage colocation of providers

3. Allow all provider types to be reimbursed for health and behavior codes

4. Include pharmacists as coaches

5. Include physical therapists as part of PCMH care team

6. Conduct behavioral health screenings during physical health visits

7. Identify housing needs of consumers

8. Include community health workers in the care team
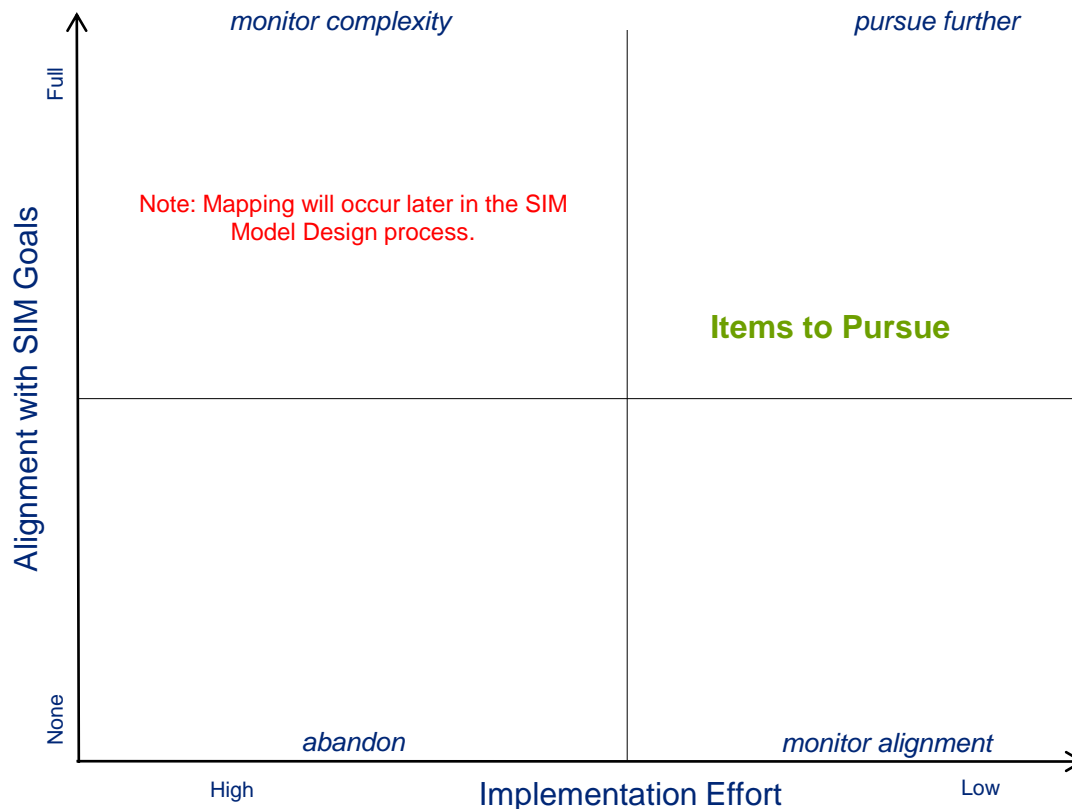
Strategy Analysis Map

monitor complexity

pursue further

Note: Mapping will occur later in the SIM Model Design process.

Items to Pursue

abandon

monitor alignment

Alignment with SIM Goals (Full / None)

Implementation Effort (High / Low)

Financial Impact

High   Medium   Low

Length of Time to Implement

Short-term < 1 year   **Mid-term 1-3 years**   **Long-term >3 years**

PCMHs: Physical/Behavioral & Public Health Coordination

How can the coordination between physical/behavioral health and public health be improved through the use of PCMHs?

Strategy Analysis Map

Strategies

1. Better coordinate care coordinators in the delivery system

2. Engage faith communities as a community support option

3. Expand the use of telehealth as a way of increasing patient visits

monitor complexity

pursue further

Note: Mapping will occur later in the SIM Model Design process.

Items to Pursue

Alignment with SIM Goals (Full — None)

abandon

monitor alignment

Implementation Effort (High — Low)

Financial Impact

High   Medium   Low

Length of Time to Implement

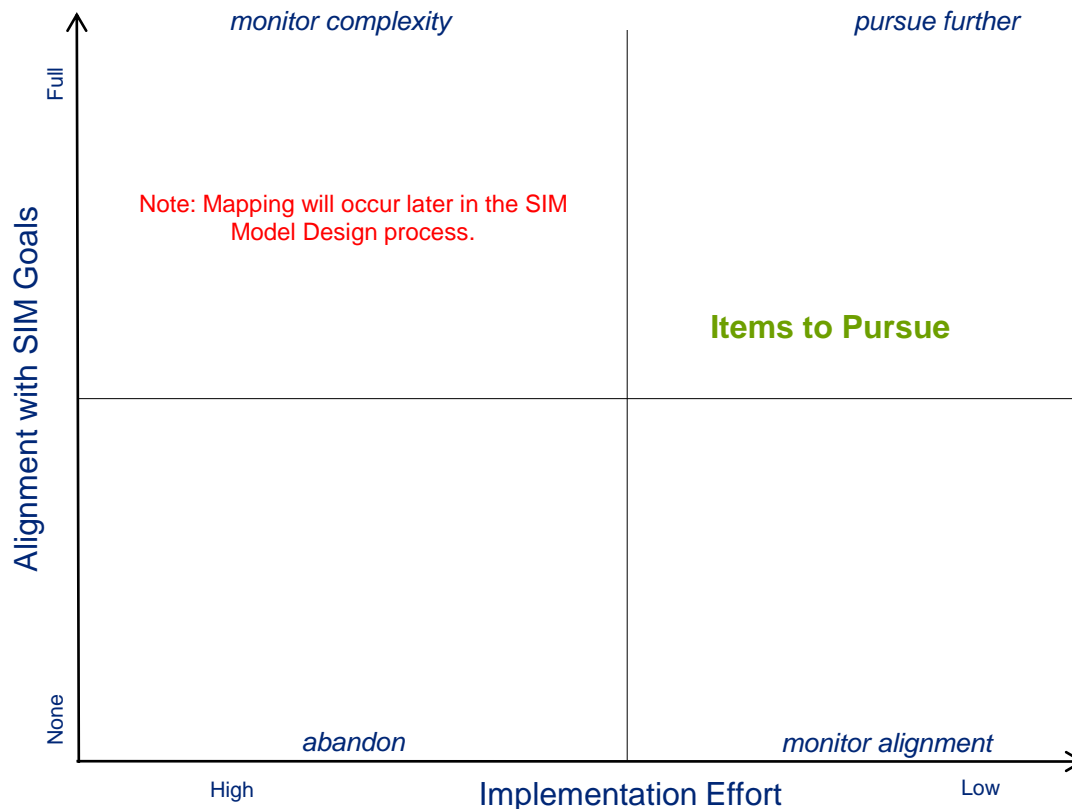Short-term < 1 year   Mid-term 1-3 years   Long-term >3 years

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PCMHs: Physical/Behavioral and Oral Health Coordination

How can the coordination between physical/behavioral health and oral health be improved through the use of PCMHs?

Strategies

1. Expand the role of the Public Health dental hygienists

2. Create incentives for physicians to conduct initial oral health screenings

3. Increase education of health professionals about importance of oral health care to overall health of consumer

Strategy Analysis Map

monitor complexity   *pursue further*

Note: Mapping will occur later in the SIM Model Design process.

Items to Pursue

abandon   *monitor alignment*

Alignment with SIM Goals (Full / None)

Implementation Effort (High / Low)

Financial Impact

(High)   (Medium)   (Low)

Length of Time to Implement

Short-term < 1 year   **Mid-term 1-3 years**   **Long-term >3 years**

ACOs: Physical/Behavioral Health Coordination

How can the coordination between physical and behavioral health be improved through the use of ACOs?

Strategy Analysis Map

Strategies

1. Increase provider coordination within and outside ACOs

2. Promote care coordination across all transitions in care

3. Create equal risk and gain sharing opportunities among all providers in the ACO

4. Include pharmacists as a member of the ACO care team

5. Improve the lag in payments to ACOs

6. Increase communication and information sharing in a timely fashion

7. Create a person centered care plan across physical and behavioral health, and use analytics to monitor adherence
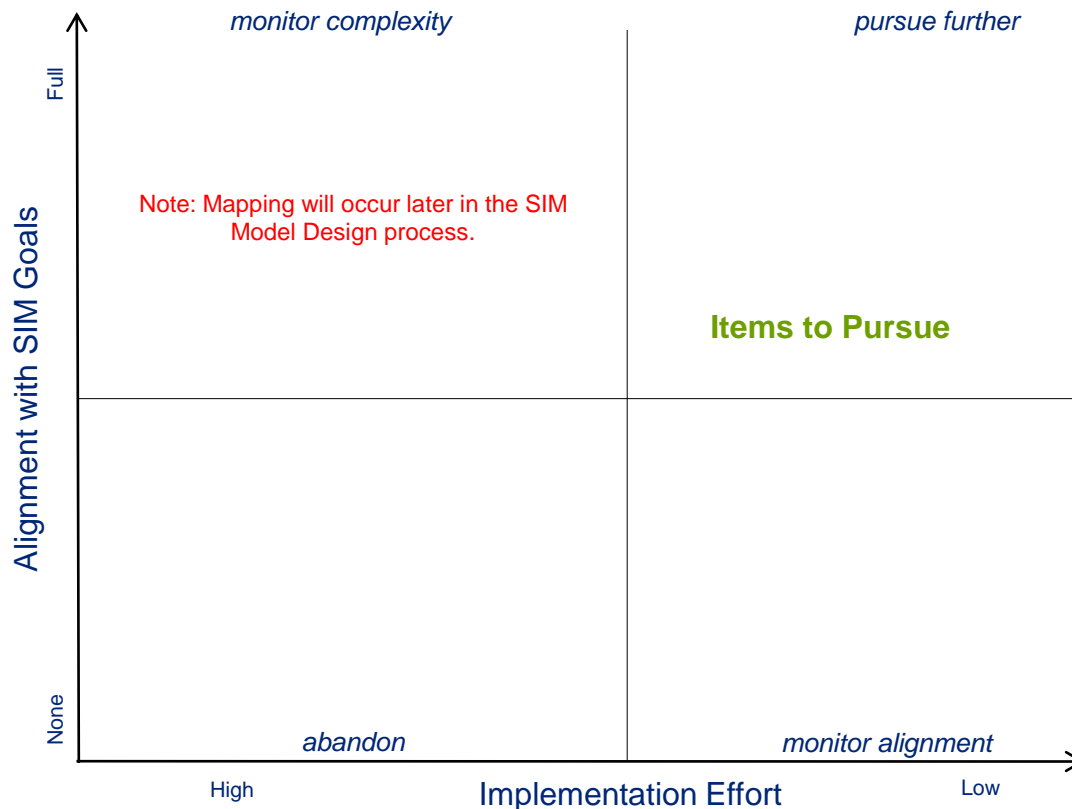
monitor complexity   *pursue further*

Full

Alignment with SIM Goals

Note: Mapping will occur later in the SIM Model Design process.

Items to Pursue

None

abandon   *monitor alignment*

High   **Implementation Effort**   Low

Financial Impact

High   Medium   Low

Length of Time to Implement

Short-term < 1 year

Mid-term 1-3 years
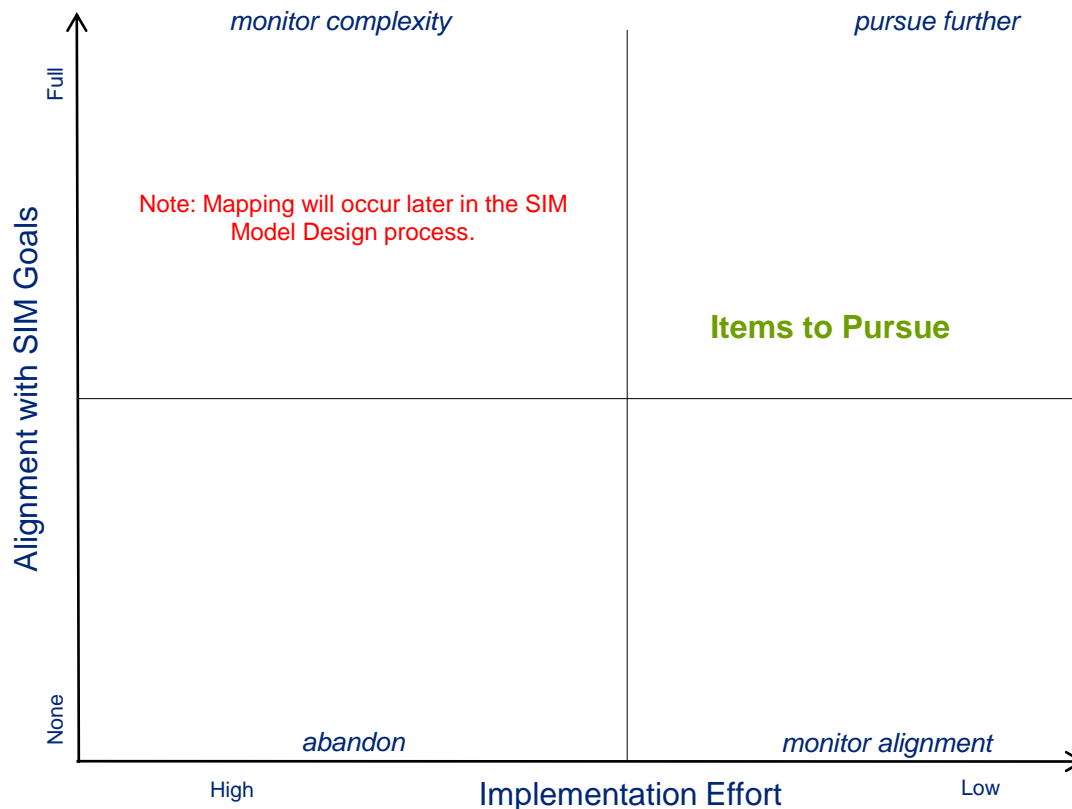
Long-term >3 years

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ACOs: Physical/Behavioral & Public Health Coordination

How can the coordination between physical/behavioral health and public health be improved through the use of ACOs?

Strategies

1. Partner with the Department of Education to share health information (e.g., sports physicals)

2. Leverage the role of Public Health as a convener to implement change

3. Increase prevention in schools and through the use of worksite wellness programs

4. Use Community Health Workers (CHWs) as a way of improving coordination of care

Strategy Analysis Map

monitor complexity   *pursue further*

Note: Mapping will occur later in the SIM Model Design process.

Items to Pursue

abandon   *monitor alignment*

Alignment with SIM Goals (Full — None)

Implementation Effort (High — Low)

Financial Impact

High   Medium   Low

Length of Time to Implement

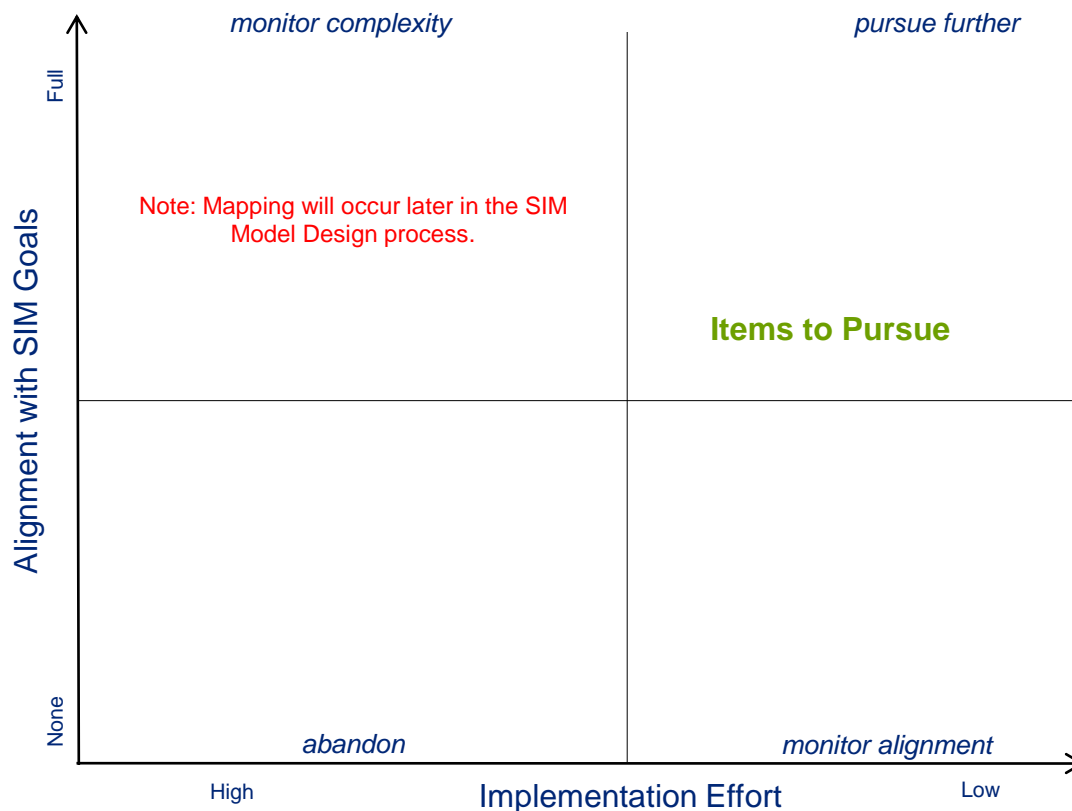Short-term < 1 year   Mid-term 1-3 years   Long-term >3 years

ACOs: Physical/Behavioral and Oral Health Coordination

How can the coordination between physical/behavioral health and oral health be improved through the use of ACOs?

Strategies

1. Explore the use of telehealth in oral health care

2. Better utilize oral health screening information obtained when students enter the public school system

3. Create information technology connections between oral and physical health within ACOs

Strategy Analysis Map

monitor complexity   *pursue further*

Alignment with SIM Goals (Full → None)

Note: Mapping will occur later in the SIM Model Design process.

Items to Pursue

abandon   *monitor alignment*

Implementation Effort (High → Low)

Financial Impact

(High)   (Medium)   (Low)

Length of Time to Implement

Short-term < 1 year

Mid-term 1-3 years

Long-term >3 years

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Health Homes: Physical/Behavioral Health Coordination

How can the coordination between physical and behavioral health be improved through the use of Health Homes?

Strategies

1. Explore the integration of physical and behavioral health within health homes

2. Make consumers' care plans accessible through a common portal

3. Provide more robust transportation to health homes

4. Include pharmacists, community health workers, and peer support specialists in the health home model

Strategy Analysis Map

monitor complexity   *pursue further*

Note: Mapping will occur later in the SIM Model Design process.

Items to Pursue

abandon   *monitor alignment*

Alignment with SIM Goals (Full / None)

Implementation Effort (High / Low)

Financial Impact

High   Medium   Low

Length of Time to Implement

Short-term < 1 year
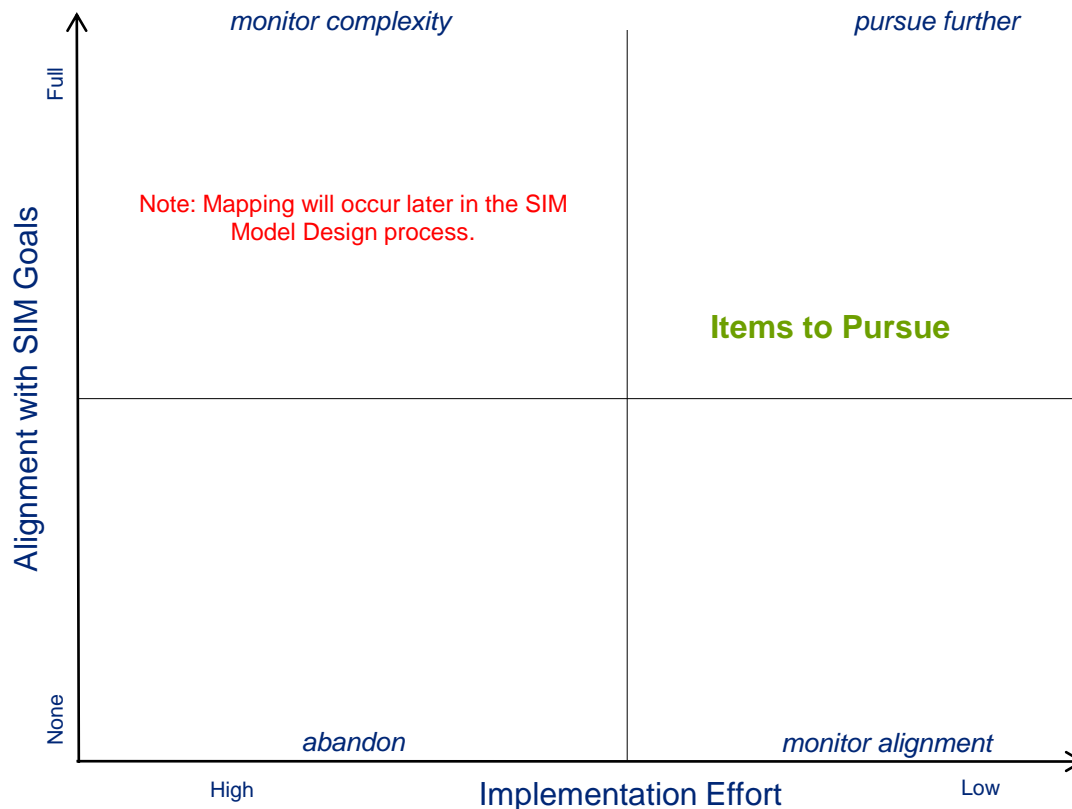
Mid-term 1-3 years

Long-term >3 years

Health Homes: Physical/Behavioral & Public Health Coordination

How can the coordination between physical/behavioral health and public health be improved through the use of Health Homes?

Strategies

1. Create initiatives that focus on community supports, such as faith communities

2. Expand the use of grocery stores as a way of providing consumers with health information and healthy foods

3. Use geomapping analytics to map community assets, such as grocery stores

4. Establish community focus groups/advisory boards to create better policies

5. Establish relationships with community organizations to make it easier for physical health providers to refer consumers

Strategy Analysis Map

monitor complexity   *pursue further*

Full

Note: Mapping will occur later in the SIM Model Design process.

Items to Pursue

Alignment with SIM Goals

None

abandon   *monitor alignment*

High   Implementation Effort   Low

Financial Impact

High   Medium   Low

Length of Time to Implement

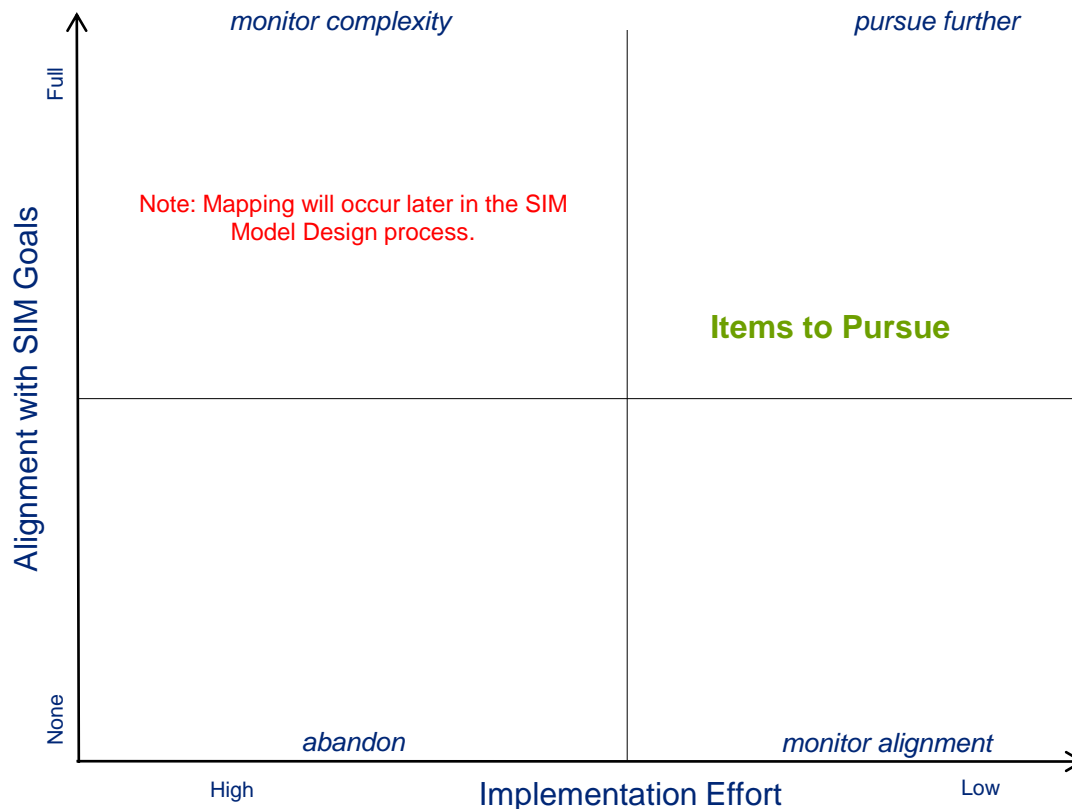Short-term < 1 year   Mid-term 1-3 years   Long-term >3 years

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Health Homes: Physical/Behavioral and Oral Health Coordination

How can the coordination between physical/behavioral health and oral health be improved through the use of Health Homes?

Strategy Analysis Map

Strategies

1. Expand the use of dental hygienists in oral health care

monitor complexity   *pursue further*

Note: Mapping will occur later in the SIM Model Design process.

Items to Pursue

Alignment with SIM Goals — Full / None

abandon   *monitor alignment*

High — Implementation Effort — Low

Financial Impact

(High) (Medium) (Low)

Length of Time to Implement

Short-term < 1 year

Mid-term 1-3 years

Long-term >3 years

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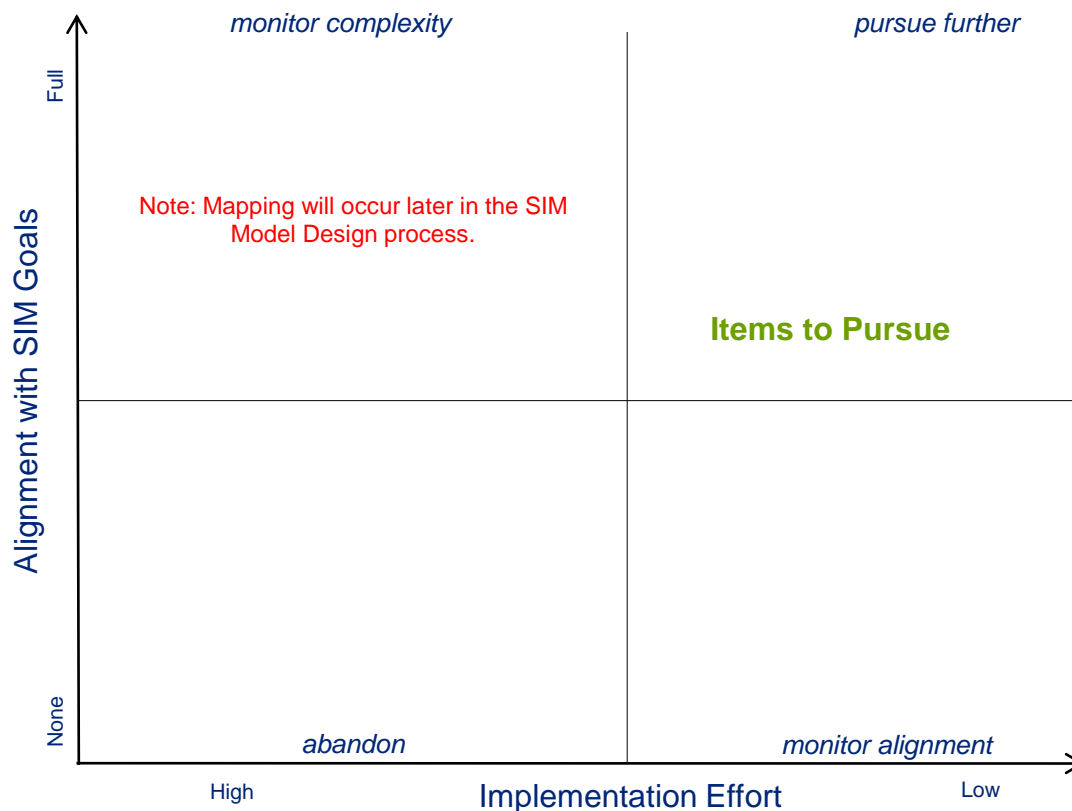
Increased Access Workgroup

Strengths and Challenges of the Current System

In the following activity, participants will assess the current state of Kentucky's separate urban delivery system(s) using a SWOT analysis.

S — What are the advantages and strengths of the urban delivery system?

- Access to specialty care
- Presence of support systems, e.g., public transportation
- Broader employment base and/or industries
- Presence of and access to universities
- Stronger health education and/or workforce pipeline
- Growth in community-based training
- Expanded training programs for mid-level practitioners

W — What do you believe are the current weaknesses?
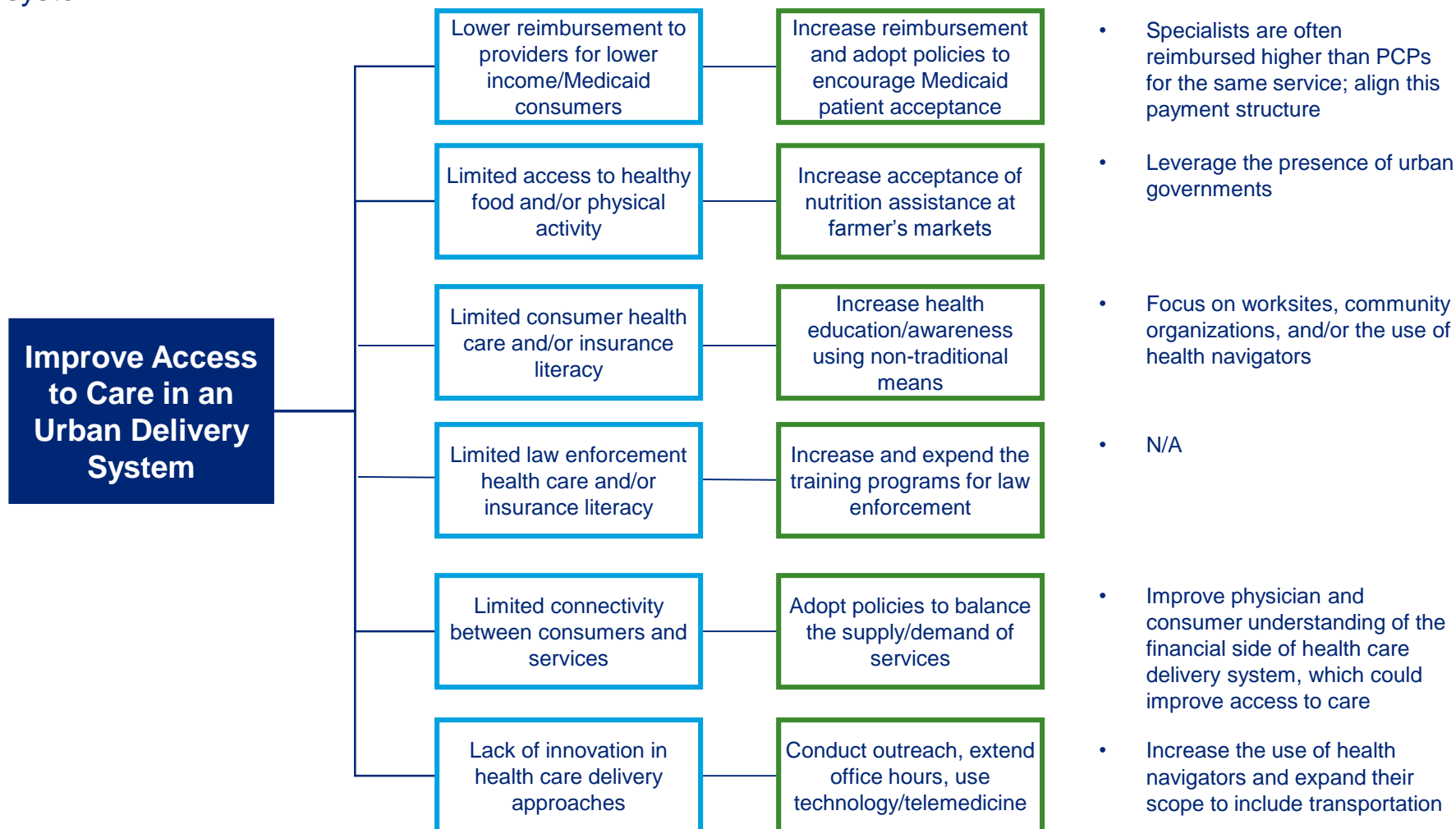
- Ineffective transportation from micro to macro areas and across counties
- Network transparency and medically underserved criteria amongst providers and/or payers
- Disconnected financial incentives in FFS
- Limited consumer education on levels/types of care
- Lack of understanding around cultural differences
- Presence of practices that encourage ER utilization
- Limited communication between law enforcement and health system

O — Are there opportunities that could benefit the existing system?

- Improve capacity and/or utilization numbers, e.g., no-show rates
- Leverage university health education programs
- Expand consumer engagement via technology
- Develop more collaborative efforts between providers and community organizations and/or schools
- Improve coordination between specialty care and CAHs
- Make existing networks more inclusive for different provider types, e.g., behavioral health providers
- Expand health and wellness programs to the education system, worksites, childcare centers, etc.

T — Are there threats to the current urban delivery system – financial and/ or competitive?

- Workforce needs and/or lack of funding for PCPs, behavioral health and specialty care
- Easier provider recruitment to urban areas rather than rural
- Failure to address social determinants
- Increase in self-care as a result of increased technology use/telemedicine
- Underfunding of medical education training
- Lack of affiliation between dental providers and other health care providers

Drivers of Urban Delivery System Challenges

What are the current barriers to improving the urban delivery system(s) in Kentucky? What would be the key drivers to reducing those barriers (e.g., technology, regulatory levers, education and/or awareness, payment structures)? The goal of this discussion is to develop principles to guide the future urban delivery system.

Improve Access to Care in an Urban Delivery System

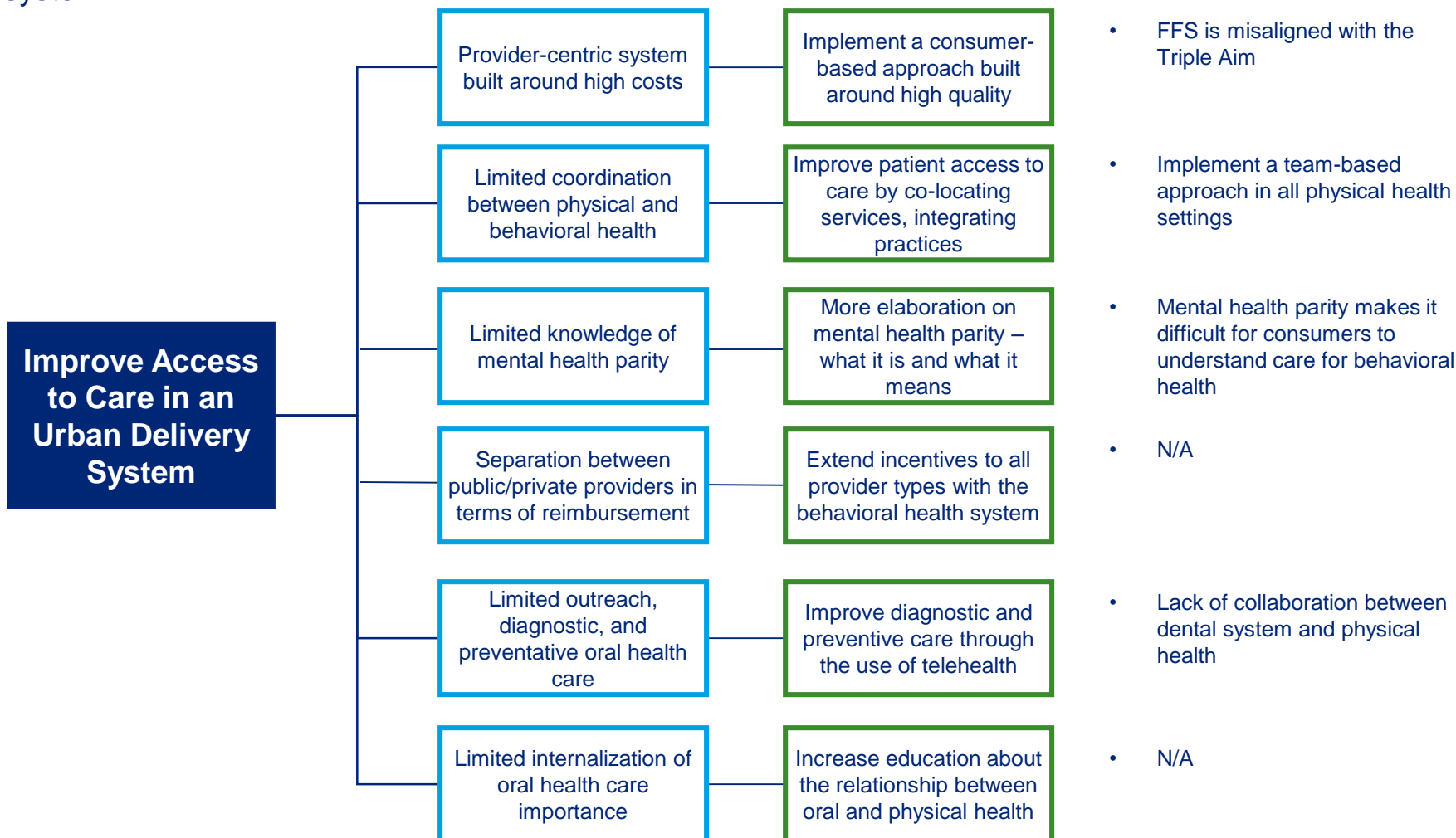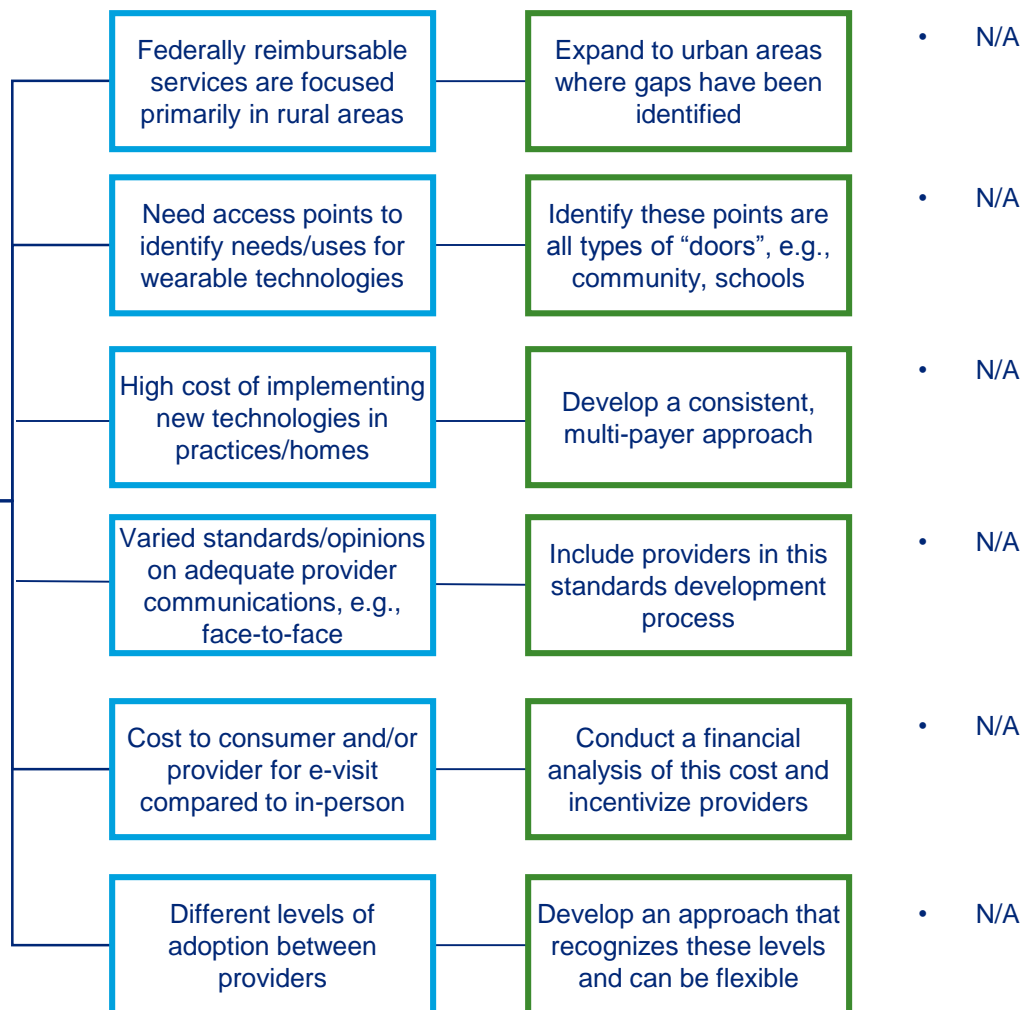| Barrier	Driver	Notes
Lower reimbursement to providers for lower income/Medicaid consumers	Increase reimbursement and adopt policies to encourage Medicaid patient acceptance	• Specialists are often reimbursed higher than PCPs for the same service; align this payment structure
Limited access to healthy food and/or physical activity	Increase acceptance of nutrition assistance at farmer's markets	• Leverage the presence of urban governments
Limited consumer health care and/or insurance literacy	Increase health education/awareness using non-traditional means	• Focus on worksites, community organizations, and/or the use of health navigators
Limited law enforcement health care and/or insurance literacy	Increase and expend the training programs for law enforcement	• N/A
Limited connectivity between consumers and services	Adopt policies to balance the supply/demand of services	• Improve physician and consumer understanding of the financial side of health care delivery system, which could improve access to care
Lack of innovation in health care delivery approaches	Conduct outreach, extend office hours, use technology/telemedicine	• Increase the use of health navigators and expand their scope to include transportation

Drivers of Urban Delivery System Challenges

What are the current barriers to improving the urban delivery system(s) in Kentucky? What would be the key drivers to reducing those barriers (e.g., technology, regulatory levers, education and/or awareness, payment structures)? The goal of this discussion is to develop principles to guide the future urban delivery system.

Improve Access to Care in an Urban Delivery System

Barriers	Drivers	Notes
Provider-centric system built around high costs	Implement a consumer-based approach built around high quality	• FFS is misaligned with the Triple Aim
Limited coordination between physical and behavioral health	Improve patient access to care by co-locating services, integrating practices	• Implement a team-based approach in all physical health settings
Limited knowledge of mental health parity	More elaboration on mental health parity – what it is and what it means	• Mental health parity makes it difficult for consumers to understand care for behavioral health
Separation between public/private providers in terms of reimbursement	Extend incentives to all provider types with the behavioral health system	• N/A
Limited outreach, diagnostic, and preventative oral health care	Improve diagnostic and preventive care through the use of telehealth	• Lack of collaboration between dental system and physical health
Limited internalization of oral health care importance	Increase education about the relationship between oral and physical health	• N/A

Brainstorming Activity

How can technology be used in the previously identified urban areas in order to make high-value education and preventive services more accessible? To what extent can telehealth/telemedicine be used to provide better access to these populations?
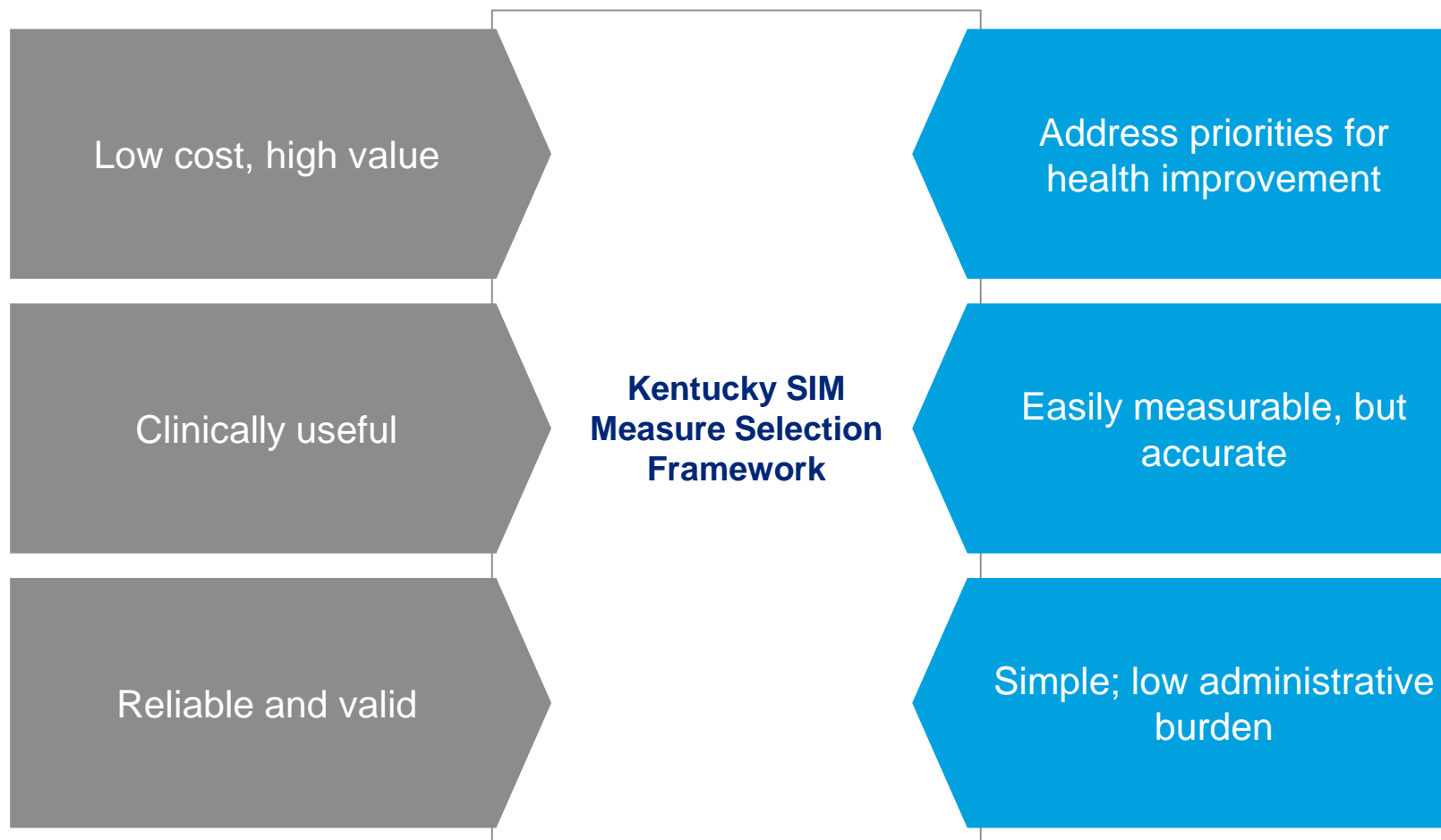
Use Technology / Telemedicine to Improve Access to Care

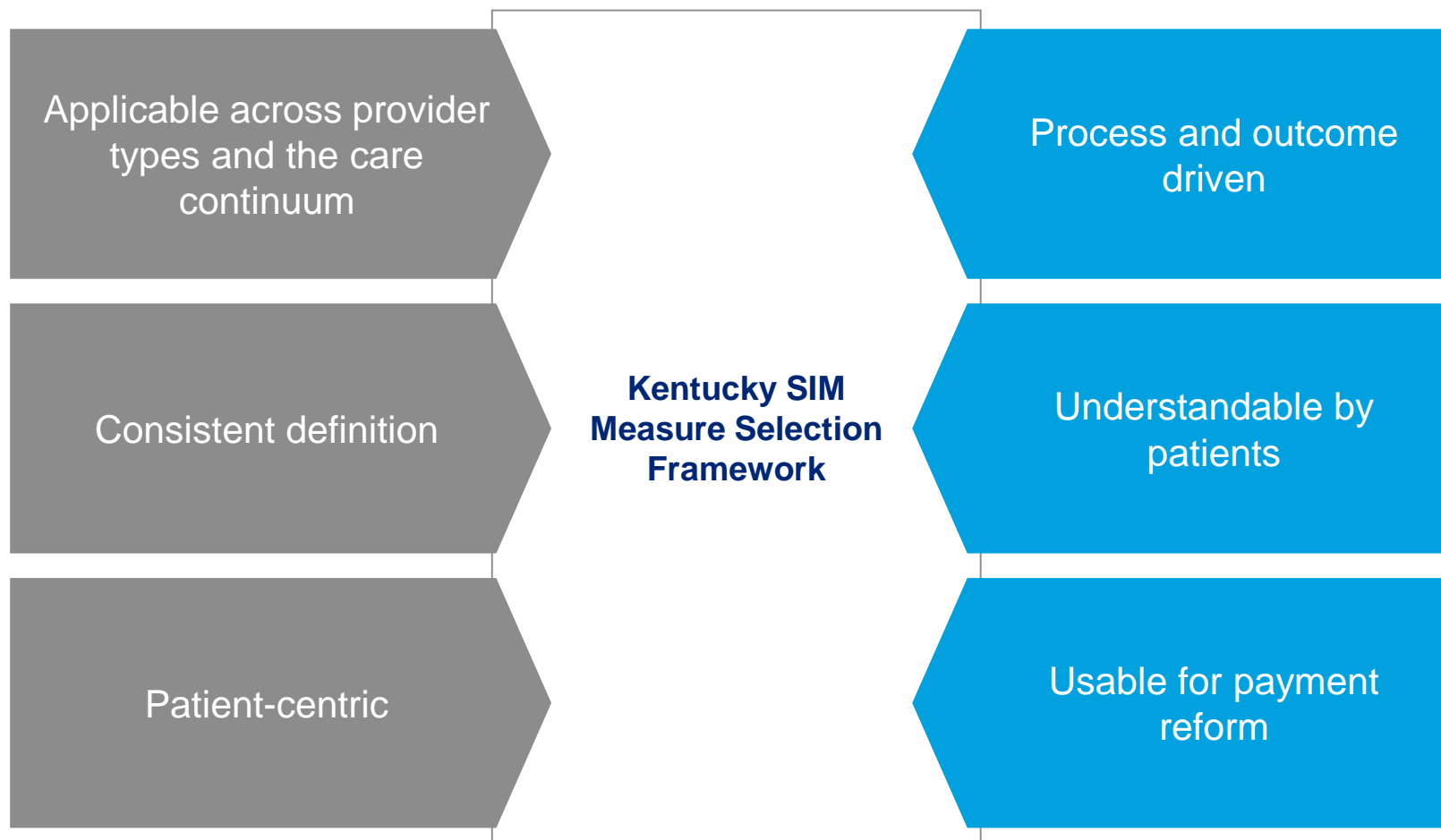|		
Federally reimbursable services are focused primarily in rural areas	Expand to urban areas where gaps have been identified	• N/A
Need access points to identify needs/uses for wearable technologies	Identify these points are all types of "doors", e.g., community, schools	• N/A
High cost of implementing new technologies in practices/homes	Develop a consistent, multi-payer approach	• N/A
Varied standards/opinions on adequate provider communications, e.g., face-to-face	Include providers in this standards development process	• N/A
Cost to consumer and/or provider for e-visit compared to in-person	Conduct a financial analysis of this cost and incentivize providers	• N/A
Different levels of adoption between providers	Develop an approach that recognizes these levels and can be flexible	• N/A

Quality Strategy/Metrics Workgroup

Guiding Principles in Measure Selection

Using the keys to success and reasons for failure from Kentucky's experience, as well as approaches taken in other states, what should be Kentucky's guiding principles when selecting measures for the SIM initiative?

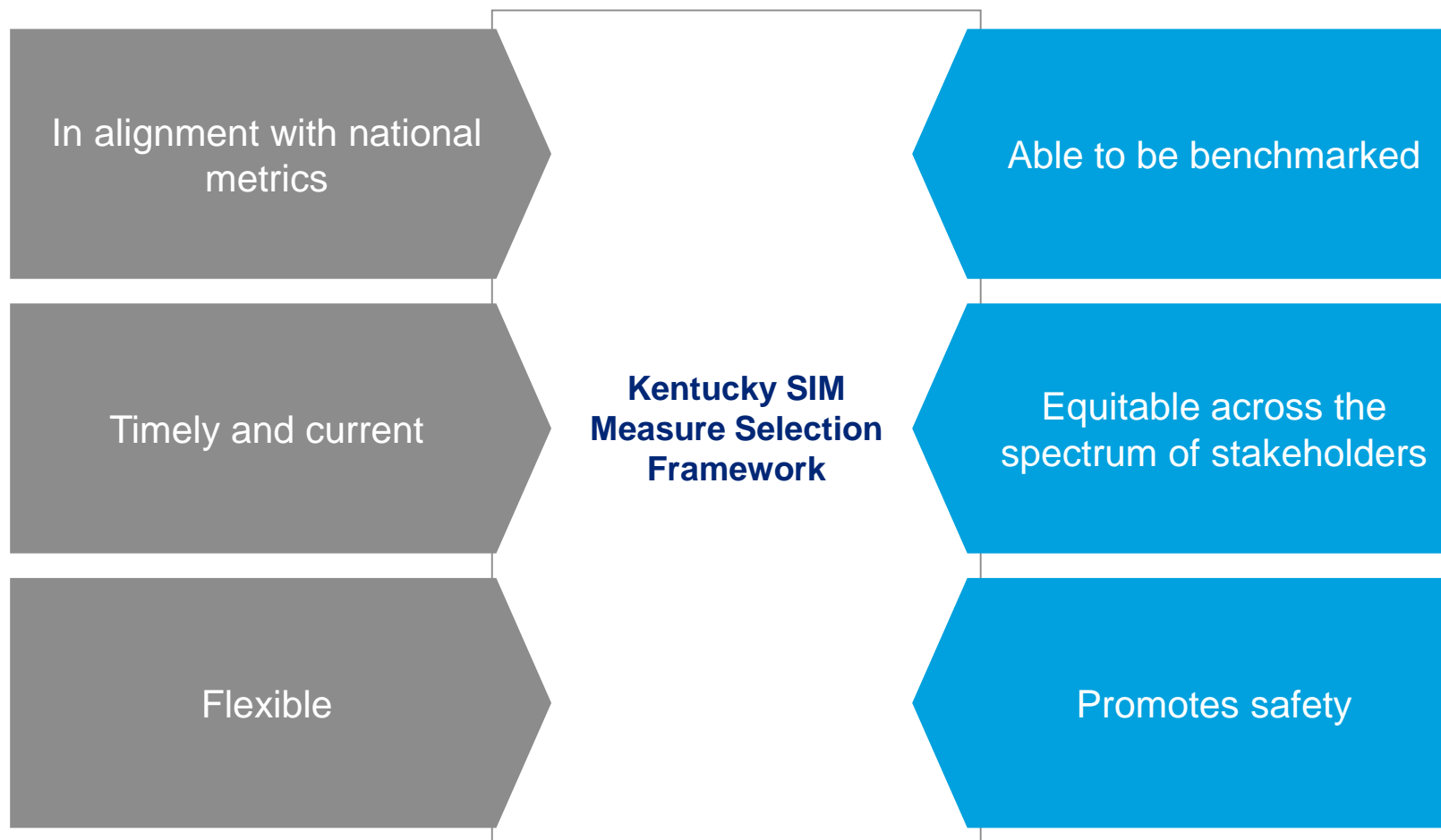| Low cost, high value | **Kentucky SIM Measure Selection Framework** | Address priorities for health improvement |
| Clinically useful | | Easily measurable, but accurate |
| Reliable and valid | | Simple; low administrative burden |

Guiding Principles in Measure Selection

Using the keys to success and reasons for failure from Kentucky's experience, as well as approaches taken in other states, what should be Kentucky's guiding principles when selecting measures for the SIM initiative?

Applicable across provider types and the care continuum

Consistent definition

Patient-centric

Kentucky SIM Measure Selection Framework

Process and outcome driven

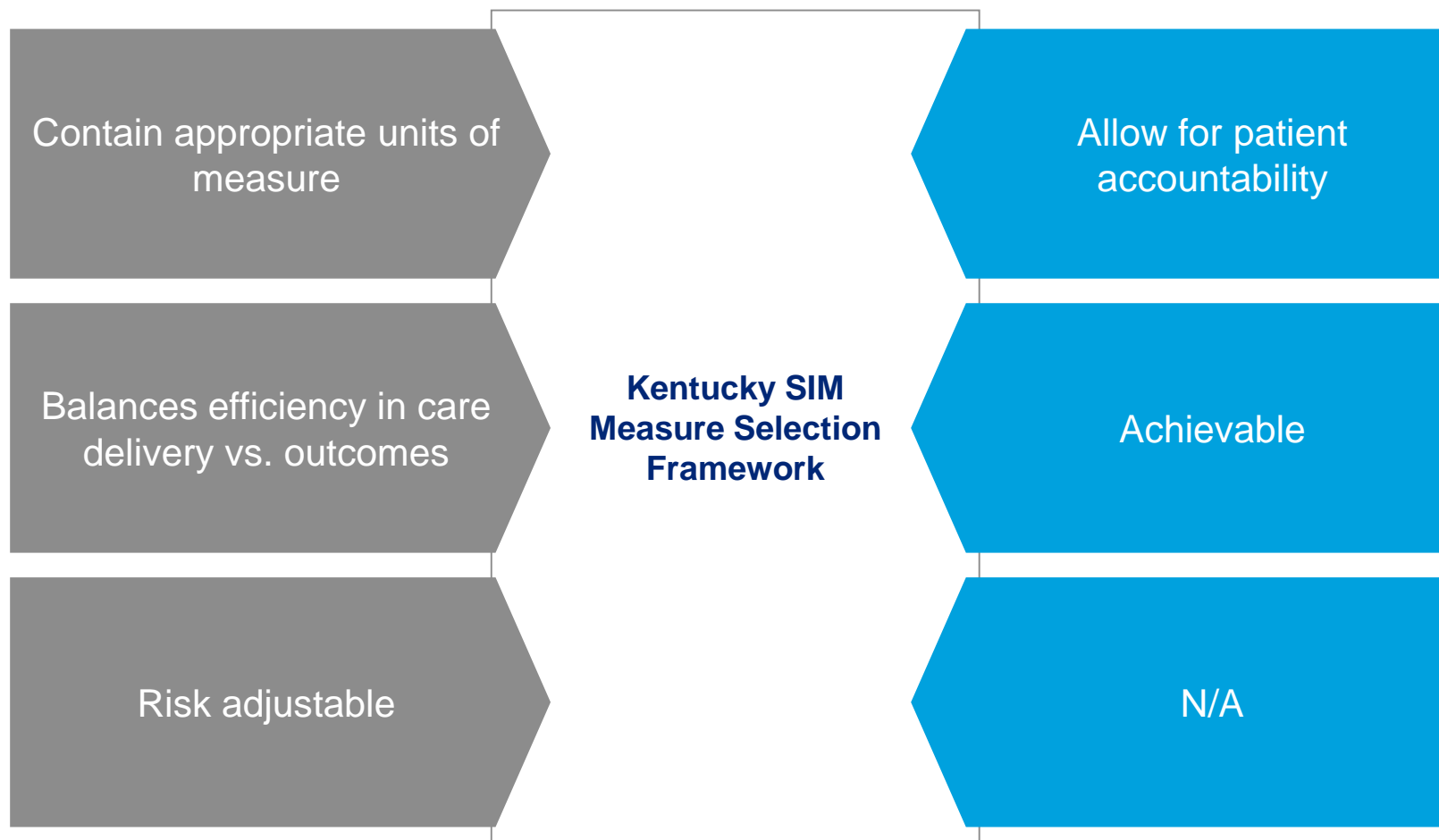Understandable by patients

Usable for payment reform

Guiding Principles in Measure Selection

Using the keys to success and reasons for failure from Kentucky's experience, as well as approaches taken in other states, what should be Kentucky's guiding principles when selecting measures for the SIM initiative?

In alignment with national metrics		Able to be benchmarked
Timely and current	**Kentucky SIM Measure Selection Framework**	Equitable across the spectrum of stakeholders
Flexible		Promotes safety

Guiding Principles in Measure Selection

Using the keys to success and reasons for failure from Kentucky's experience, as well as approaches taken in other states, what should be Kentucky's guiding principles when selecting measures for the SIM initiative?

Contain appropriate units of measure		Allow for patient accountability
Balances efficiency in care delivery vs. outcomes	**Kentucky SIM Measure Selection Framework**	Achievable
Risk adjustable		N/A

Guiding Principle Alignment with kyhealthnow Goals

Do the kyhealthnow goals adhere to the guiding principles discussed in the previous exercise? If not, how can they be improved upon and/or expanded through the SIM initiative?

1 Reduce Kentucky's smoking rate by 10%

Areas for Improvement
- N/A

2 Reduce the rate of obesity among Kentuckians by 10%

Areas for Improvement
- N/A

3 Reduce Kentucky's cancer deaths by 10%

Areas for Improvement
- Break out goals by different types of cancer

4 Reduce cardiovascular deaths by 10%

Areas for Improvement
- N/A

5 Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%

Areas for Improvement
- Create more proactive, rather than reactive goals

6 Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians

Areas for Improvement
- N/A

Note: Uninsured goal has been excluded for this exercise

Stakeholder Variation in Measurement Goals

This discussion will help determine similarities across stakeholder groups in developing the best quality measures.

Consumers & Advocates

- Feel healthier
- Low cost
- Least amount of time
- Know care is evidence-based
- Care when desired
- Achievable
- Coordinated
- Understandable
- Accessible care; timely
- Freedom of choice
- Equitable care
- Clear definition of measures

Providers

- Reliable (risk adjusted, measurable)
- Accurate metrics from a reasonable number of sources
- Timely
- Transparent
- Able to be benchmarked
- Consistent reporting
- Patient-level data
- Reasonable amount of data
- Actionable
- Core set of measures, but also specific by provider type
- Patient centered
- Allow for practice variation
- Allow reasonable time to collect data

Guiding Principle Landscape

Payers

- Reasonable cost, high value
- Alignment with national standards
- Simple
- Emphasis on prevention measures
- Pay for performance
- Patient centric
- Focus on wellness
- Equitable despite population

Employer/Purchaser

- Reasonable cost, high value
- Access/timeliness
- Simple
- Focus on wellness
- Transparency
- Allow for patient accountability

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Measure Evaluation Criteria

Criteria must be established prior to selecting specific quality measures in order to compare the relative effectiveness of available metrics. What are the relevant criteria to consider in evaluating measures?

Criteria Example: Data accuracy and timeliness

Low

High
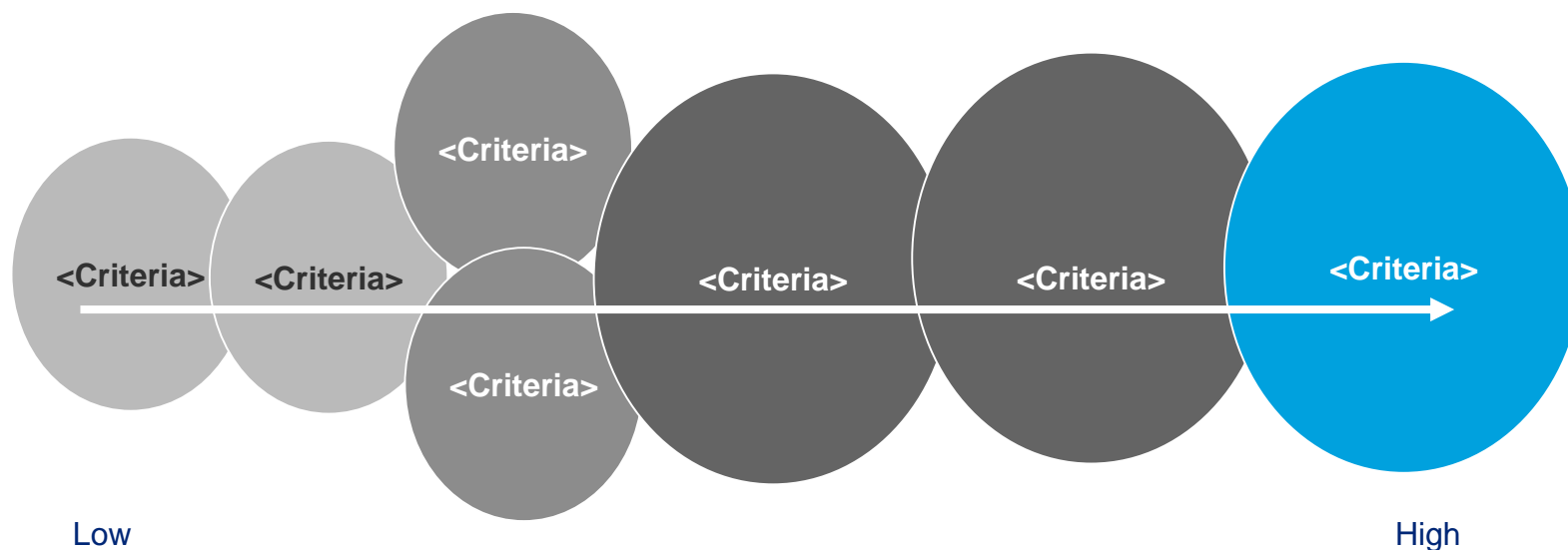
Workgroup-established Evaluation Criteria	
• Self-reportable	• Addresses care spectrum
• Data availability	• Valuable and actionable
• Data timeliness	• Addresses priority health issues
• Data completeness	• Fair to all stakeholders
• Inexpensive to measure	

Note: Ranking will be performed later in the SIM Model Design process.

HIT Infrastructure Workgroup

SWOT Analysis of Kentucky's HIT Landscape

Based on stakeholder experience in the previously described initiatives, what are the strengths of and challenges with current HIT initiatives in Kentucky? In the following activity, participants will assess the current state of Kentucky's HIT landscape using a SWOT analysis.

S — What are the advantages and strengths of the HIT landscape?

- Good infrastructure in place with KHIE and kynect
- Solid EHR adoption at the hospital and physician level
- Some of the largest, post-acute care provider organizations are in the state and are using EMRs
- The Employee State Health Plan represents a large group of covered lives; HIT changes tested on this group can tip the scale to start change throughout the state

W — What do you believe are the current weaknesses?

- Lack of access to timely data
- Poor interoperability in care transitions and between settings
- Limited data analytics
- Multiple reporting requirements
- Behavioral health claims are submitted at different times than physical health claims, and are treated differently by MCOs
- Not all providers have adopted EMRs
- Lack of coordination between CMHCs and state mental health hospitals

O — Are there opportunities that could benefit the existing HIT landscape?
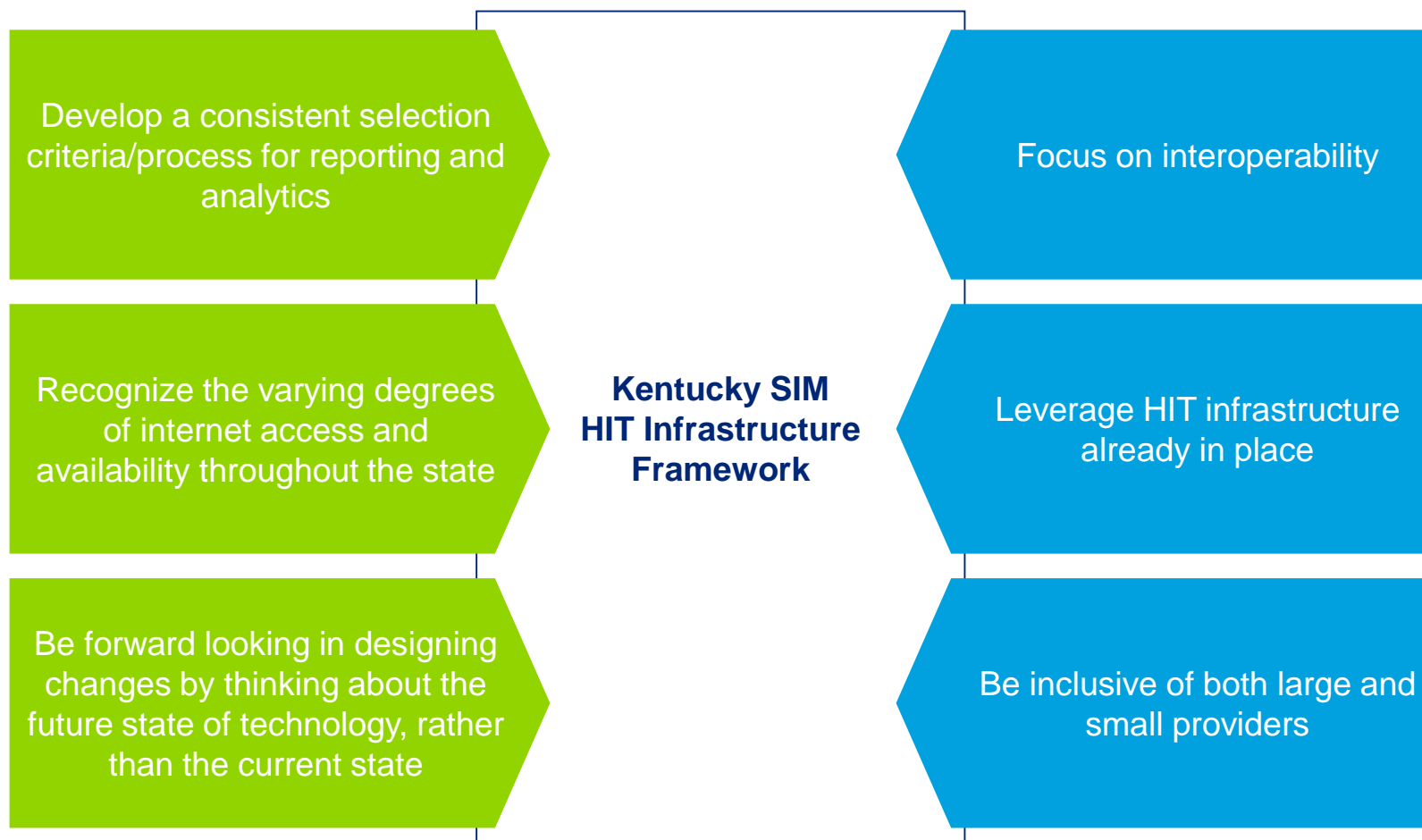
- Real-time data sharing (e.g., Medicaid claims) via EMRs
- Leverage national recognition of KHIE and kynect
- Leverage KHA-type data collection service for inpatient and outpatient claims
- Medicaid claims data analytics
- Streamline reporting across payers
- Create actionable alerts for data end users
- Increase provider education to make data more actionable
- Align kyhealthnow with data collected from providers
- Stop gap funding for meaningful use data

T — Are there threats to the current HIT landscape – financial and/ or competitive?

- Gathering data that is not useful to providers
- Non-clinical resources are designing end user reports
- Payment model not shifting at the same time HIT investments are being made could be costly
- Wasting resource through inefficient data collection
- Security model
- Patient and privacy
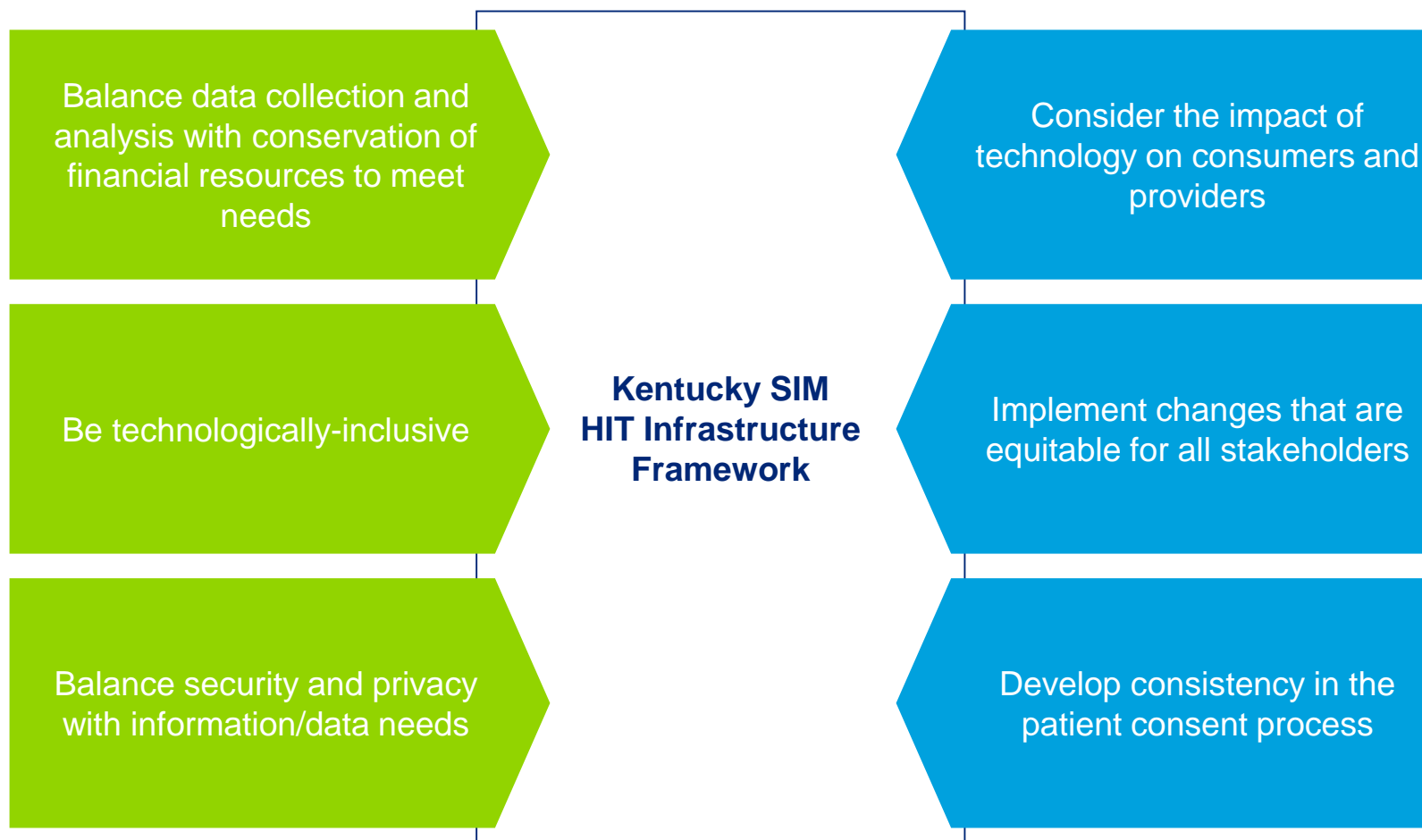- Misalignment with payment models

Guiding Principles in Expanding HIT Infrastructure

Using Kentucky's experience, as well as approaches taken in other states, what should be Kentucky's guiding principles when developing its HIT infrastructure strategy for the SIM initiative?

Kentucky SIM HIT Infrastructure Framework

Develop a consistent selection criteria/process for reporting and analytics

Recognize the varying degrees of internet access and availability throughout the state

Be forward looking in designing changes by thinking about the future state of technology, rather than the current state

Focus on interoperability

Leverage HIT infrastructure already in place

Be inclusive of both large and small providers

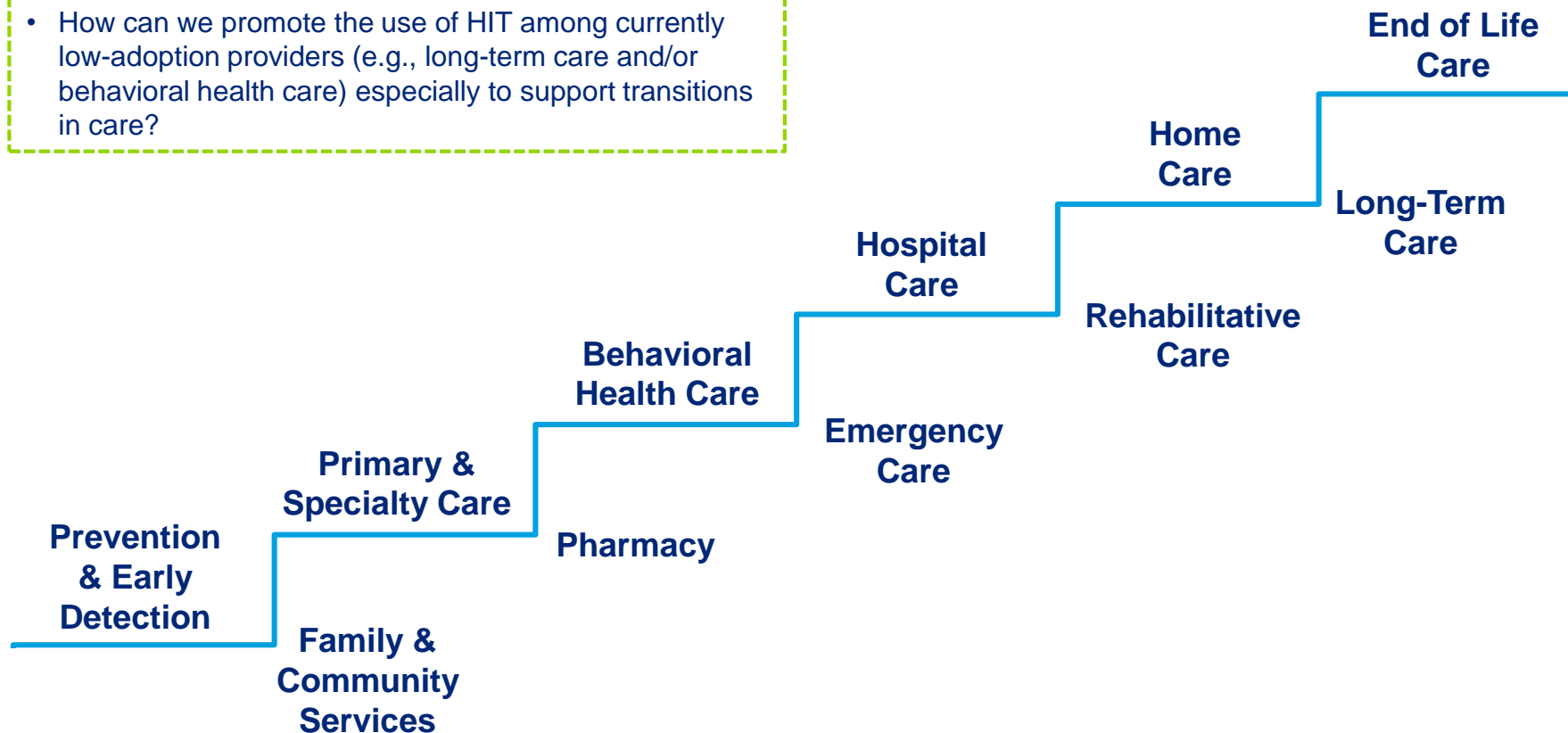# Guiding Principles in Expanding HIT Infrastructure

Using Kentucky's experience, as well as approaches taken in other states, what should be Kentucky's guiding principles when developing its HIT infrastructure strategy for the SIM initiative?

Kentucky SIM HIT Infrastructure Framework

Balance data collection and analysis with conservation of financial resources to meet needs

Be technologically-inclusive

Balance security and privacy with information/data needs

Consider the impact of technology on consumers and providers

Implement changes that are equitable for all stakeholders

Develop consistency in the patient consent process

HIT Along the Delivery System Continuum

Each provider and/or organization that falls on the health care delivery system continuum has different stakeholders and needs in terms of leveraging HIT and/or expanding HIT infrastructure. The potential HIT strategies for each level of this continuum should consider these individual factors. In the following activity, participants will discuss these factors by individual provider-type groups.

- How can we promote the use of HIT among currently low-adoption providers (e.g., long-term care and/or behavioral health care) especially to support transitions in care?

End of Life Care

Home Care

Long-Term Care

Hospital Care

Rehabilitative Care

Behavioral Health Care

Emergency Care

Primary & Specialty Care

Pharmacy

Prevention & Early Detection

Family & Community Services

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Factors Driving HIT Changes Across the Care Continuum
• Increase the use of wearables in prevention data collection and compliance
• Coordinate immunization data with schools
• Inventory early detection, screenings, and prevention data
• Better coordinate across payers on the continuum
• Assign an owner for collecting social determinant data
• Implement telehealth across the care continuum, not just in rural areas
• Empower consumers by bringing technology to them
• Increase HIT support for navigating the healthcare system
• Balance consumer management of healthcare using HIT
• Understand technology implications across the care continuum
• Determine the most important data points at each stage of the continuum
• Increase the connection between prevention and primary care
• Balance patient-reported data